Early On® Oakland IFSP

Individualized Family Service Plan

Child's UIC#		Date:
Child Information		
Child's Legal Name:		
Date of Birth:		☐ Male ☐ Female
Child's Address (complete):	City:	Zip Code:

Ethnic Heritage: *(choose only one)* ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White/Caucasian/including Middle Eastern ☐ American Indian/Alaskan Native ☐ Hawaiian/Pacific Islander

Native Language:

Resident District:	Operating District:

Family Information

☐ Parent ☐ Guardian ☐ Family Member ☐ Foster Parent ☐ Surrogate Parent

Name(s):

Address (if different from child):

Telephone (day):	Telephone (other):
Native Language:	Email Address:
Interpreter Needed: ☐ Yes ☐ No	Interpreter Provided: ☐ Yes ☐ No

Eligibility

☐ Eligible for Early On® (Part C only)
☐ Developmental Delay OR ☐ Established Condition
☐ Eligible for Early On® Part C and Michigan Special Education
List specific eligibility rule number (1705-1717): ---------- - - - ---------- - - -
☐ Evaluated for Michigan Special Education and found ineligible

Important Dates and Service Coordination

Referral Date:	Transfer Date (if applicable):
IFSP Date: ☐ Including Transition Plan	IFSP Type: ☐ Initial ☐ Annual
Service Coordinator:	Phone:

Service Coordinator Agency & Address:

Justification for not completing the initial IFSP meeting within 45 calendar days from the date of referral:

☐ Parent/child is unavailable due to Exceptional Family Circumstances
☐ Parent has delayed providing consent

☐ Other *(specify)*: _____

Explain the justification checked: _____

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Child's Name:	Date of Birth:	Date:
Child's Current Developmental Status		
Chronological Age:	Adjusted Age (if premature):	
Date of Multidisciplinary Evaluation:		

Area	Method/Tool/Date Person Completing Area Name/Discipline/Profession/Agency	Present Levels of Development Including Strengths and Concerns (Developmental Evaluation/Ongoing Assessment)
#1 Fine Motor ☐ See Attached Stapled Report		
#2 Gross Motor ☐ See Attached Stapled Report		
#3 Cognitive/Thinking ☐ See Attached Stapled Report		
#4 Communication ☐ See Attached Stapled Report		
#5 Social/Emotional ☐ See Attached Stapled Report		
#6 Adaptive/Self-Help ☐ See Attached Stapled Report		
#7 Health ☐ See Attached Stapled Report		
#8 Hearing ☐ See Attached Stapled Report		

#9 Vision ☐ See Attached Stapled Report		
Developmental History ☐ See Attached Stapled Report		
Observation of Child & Parent ☐ See Attached Stapled Report		

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Child's Name:	Date of Birth:	Date:
Family Assessment, Concerns, Priorities and Resources		
Person Interviewed:	Date of Interview:	
Interview Conducted by:		
☐ Family Declined Family-Directed Assessment		
Child Interests and Daily Routines:		
Family Resources (What people, like family, friends or community groups, and/or programs, help you?):		
Family Concerns (What do you worry or wonder about? What is difficult for your child or your family?):		
Family Priorities (What is most urgent for your child and/or family and should be addressed right away?):		
Other services or programs the child or family participates in: ☐ WIC ☐ MIHP ☐ Early Head Start ☐ Great Parents Great Start ☐ Public Health ☐ CSHCS ☐ Other		
This information was gathered through a family-directed assessment using the following: ***(Check all that apply)*** ☐ Family Interview Tool ☐ Family Routines Interview ☐ Other:		

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Child's Name:	Date of Birth:	Date:

Child/Family Outcomes

Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #1:	Criteria	Procedures	Time Frame

Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #2:	Criteria	Procedures	Time Frame

Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #3:	Criteria	Procedures	Time Frame

Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #4:	Criteria	Procedures	Time Frame

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Child's Name:	Date of Birth:	Date:

Early Intervention Services

Service #1 Early Intervention Service: -----

Michigan Special Education Service: ----- -----

Frequency (# of Days or Sessions)	Length of Session	Intensity ☐ Individual ☐ Group	Method	Start Date	End Date	Location ☐ Home ☐ Community ☐ Other	Payor ☐ Early On® ☐ LEA ☐

Service #2 Early Intervention Service: -----
Michigan Special Education Service: ----- -----

Frequency (# of Days or Sessions)	Length of Session	Intensity ☐ Individual ☐ Group	Method	Start Date	End Date	Location ☐ Home ☐ Community ☐ Other	Payor ☐ Early On® ☐ LEA ☐

Service #3 Early Intervention Service: -----
Michigan Special Education Service: ----- -----

Frequency (# of Days or Sessions)	Length of Session	Intensity ☐ Individual ☐ Group	Method	Start Date	End Date	Location ☐ Home ☐ Community ☐ Other	Payor ☐ Early On® ☐ LEA ☐

Service #4 Early Intervention Service: -----
Michigan Special Education Service: ----- -----

Frequency (# of Days or Sessions)	Length of Session	Intensity ☐ Individual ☐ Group	Method	Start Date	End Date	Location ☐ Home ☐ Community ☐ Other	Payor ☐ Early On® ☐ LEA ☐

*There must be justification for each service not provided in the natural environment.
Justification for Service # _____:

Justification for Service # _____:

Other Supports and Services Not Funded nor Provided by Part C or Early On® Oakland:
(Add other resources, supports, services that assist the family to the extent appropriate)

Support/Service	Steps to Secure Support/Service *(when applicable)*

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Child's Name:	Date of Birth:	Date:

Team Members and Contributors

Printed Name ***(Check box if member of evaluation team)***	**Signature or Method of Participation**	**Participants**	**Phone/Email**
		Parent(s) *(required)*	
		Parent(s)	
		Evaluation Team Member *(required)*	
☐		Service Coordinator *(required)*	
☐			
☐			
		Required for MI Special Education	
		Special Education Provider	
		District Representative/Designee	

Prior Written Notice

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☐ **Early On® is proposing to initiate the start of early intervention services listed on page 5 of this IFSP. You have the right to accept or decline any early intervention service.** Reason(s) why service(s) on page 5 are proposed to start:

☐ Any service(s) proposed, but not accepted by the parent(s), thus not listed on page 5 of this IFSP.

☐ Any service(s) discussed at the IFSP meeting, but not selected by *Early On®* and why not selected.

☐ **The IFSP Team has found that your child is ineligible for Part C and Special Education services.**

☐ **The IFSP Team has found that your child is ineligible for Special Education but will continue to be served on existing IFSP.**

Family Rights/Procedural Safeguards
You have the right to request mediation or an impartial due process hearing, or you may file a complaint should you disagree with the proposed service(s). A copy of *Early On®* Michigan Family Rights is available https://www.michigan.gov/documents/mde/Early_On_Procedural_Safeguards_Protecting_Families_Rights_623570_7.pdf. You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your *Early On®* representative listed at the bottom of this form.

(If applicable) Documentation of Language/Mode of Communication
Prior Written Notice information has been translated orally or by other means to the parent in the parent's native language or other mode of communication and the parent has indicated understanding of this notice. Method used to communicate this information:

Parent Signature and Consent

Please check all that apply:

☐ I/We have had Early On®, Part C and/or Michigan Special Education explained to me/us including my/our rights, and have received a copy of our procedural safeguards

☐ I/We consent to the provision of early intervention services

☐ I/We **do not** consent to the provision of early intervention services

Parent(s) Signature:	Date: